

# TENNESSEE EMERGENCY COMMUNICATIONS BOARD

## APPLICATION FOR A RATE INCREASE:

\_\_\_\_\_ COUNTY ECD

ECD Address: \_\_\_\_\_

Current Board Chair: \_\_\_\_\_

Board Chair Address: \_\_\_\_\_

Board Chair Telephone Number: \_\_\_\_\_

Current ECD Director: \_\_\_\_\_

Date ECD Created: \_\_\_\_\_

Date Service Charge Began: \_\_\_\_\_

Date On-line with E-911: Basic \_\_\_\_\_ Enhanced \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Current Annual Budget (2004): \_\_\_\_\_

Tier Level: \_\_\_\_\_

Request (Residential/Business): \_\_\_\_\_

### Information Submitted:

1. Names and addresses of current Board members, date term expires, and position/title.

Included with application Yes \_\_\_\_ No \_\_\_\_

2. Copy of Rate Increase Resolution. The resolution must contain at least the proposed rates (residential and commercial), desired effective date(s), amount of additional revenue, and justification for the rate increase request.

Included with application Yes \_\_\_\_ No \_\_\_\_

3. (a) Copy of Statement (with copy of certified letter receipt) signed by the County Executive (for a county ECD) or Mayor (for municipal ECD) showing receipt of letter of intent to raise rates;

OR

- (b) Copy of Certified Letter (with copy of certified letter receipt) notifying the County Executive (for a county ECD) or Mayor (for a municipal ECD) of the ECD's intent to petition the ECB for a rate increase.

Included with application Yes \_\_\_\_ No \_\_\_\_

**4. Copy of Minutes of Public Hearing when rate increase was deliberated.**

Included with application      Yes \_\_\_\_ No \_\_\_\_

**5. Notarized copy of newspaper public meeting notices (two times in at least 30 days but not more than 60 days before the hearing).**

Included with application      Yes \_\_\_\_ No \_\_\_\_

**6. Current rates and date when levied (history thereof).**

**7. (a) Proposed Rates, desired effective date(s), and justification for the rate increase request.**

**(b) Estimated amount of additional revenue.**

**(c) How additional revenue will be used, and why rates need to be increased.**

**(d) If revenue is to be used to purchase equipment, provide cost of equipment, estimated payback period, and date that charge can be decreased.**

8. All functions currently being performed by ECD, for whom, and list of agencies supported.


9. Monthly call volume for most recent five years.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Year	Number of calls	Avg. Calls Per Month	Yearly Percent Change

**10. Monthly calls dispatched and for each agency for most recent five years.**

Included with application      Yes \_\_\_\_ No \_\_\_\_

**11. Number of employees of ECD, broken down by function and FTE, for most recent five years.**

<b>FY</b>					
Director					
Lead Supervisor					
Shift Leader					
Full Time Dispatchers					
Part Time Dispatchers					

**12. District's plan of action for continuation of 911 service if application is rejected (that is, a realistic and reasonable contingency plan).**

**13. Action taken by ECD to increase revenues, and outcome of such action.**

**14. Breakdown of all revenue by source for most recent five years.**

Fiscal Year	FY	FY	FY	FY	FY
Telephone					
% Change					
(Interest)					
Wireless Revenue					
Misc.					
Yearly Total					
% Change					

**15. Breakdown of residential and commercial revenue for most recent five years.**

FY	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

**16. Any outstanding debt and obligations by type.**

**17. Type/make of system, monthly cost, age/version of equipment/system, date of last equipment upgrade, number of 911 trunks, and number of administrative lines.**

Equipment Model	Cost	Monthly Maintenance	Age	Date of last Equipment upgrade

- # of 911 trunk lines \_\_\_\_\_
- # of Administrative office line \_\_\_\_

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<sup>1</sup> The initial distribution of wireless revenue to districts was not made until January 2000 (FY 1999-2000).

**18. Name(s) of Service Provider.**

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**19. Most recent number of customers, as of \_\_\_\_\_, 20\_\_\_\_.**

Residential:

Business:

**20. Last five audit reports.**

Included with application      Yes \_\_\_\_\_ No \_\_\_\_\_

**21. Written five year budget plan (include any equipment purchases).**  
(Place additional information on a separate page)